# CARDIOPULMONARY RESUSCITATION

**1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive establishes the policy to optimize patient safety within the Department of Veterans Affairs (VA) system by ensuring that VHA has emergency response capability to manage cardiac arrests on VHA property, to include access to appropriate resuscitation equipment and appropriately trained responders.

**2. SUMMARY OF MAJOR CHANGES:** The content of this directive incorporates information from three rescinded policies. Major changes include:

a. Requiring that staff working in designated high-risk care areas receive Advanced Cardiac Life Support (ACLS) Training (simultaneous Basic Life Support (BLS) not required).

b. Requiring that all other staff having direct clinical contact, or who would respond to a code, receive at least BLS training.

c. Establishing the criteria for obtaining and documenting completion of acceptable training courses.

d. Discussing the applicability to and documentation of training by non-VA paid clinical staff and trainees, and monitoring of exceptions.

**3. RELATED ISSUES:** None.

**4. RESPONSIBLE OFFICE:** The Office of Specialty Care Services (10P11) is responsible for the contents of this VHA directive. Questions may be referred to the National Program Director for Pulmonary and Critical Care at 214-857-0405.

**5. RESCISSIONS:** VHA Directive 1177 Cardiopulmonary Resuscitation, Basic Life Support, and Advanced Cardiac Life Support Training for Staff, dated April 6, 2017; VHA Directive 2008-063, Oversight and Monitoring of Cardiopulmonary Resuscitative Events and Facility Cardiopulmonary Resuscitation Committees, dated October 17, 2008; and VHA Directive 2008-015, Public Access to Automated External Defibrillators (AEDs): Deployment, Training, and Policies for Use in VHA Facilities, dated March 12, 2008, are rescinded.

**6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of August 2023. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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Executive in Charge

***NOTE:*** *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

**DISTRIBUTION:** Emailed to the VHA Publications Distribution List on August 29, 2018.

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## 1. PURPOSE

This Veterans Health Administration (VHA) directive establishes policy to optimize patient safety for those requiring resuscitative events within the Department of Veterans Affairs (VA) healthcare system by ensuring that clinical staff that are trained in Basic Life Support (BLS) or Advanced Cardiac Life Support (ACLS) are available at all times and resuscitation performance and outcomes are measured accurately.
**AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b).

## 2. DEFINITIONS

a. **Cardiopulmonary Arrest.** Cardiopulmonary arrest is the loss of airway, breathing, or circulation necessary to maintain life that would result in death if not treated, often referred to as a "code."

b. **Cardiopulmonary Resuscitation (CPR).** CPR is the use of therapeutic interventions, including BLS and ACLS, which are designed to restore spontaneous circulation following cardiac or respiratory arrest.

c. **Certification.** Certification refers to the successful completion of an American Heart Association (AHA) or Military Training Network (MTN) approved BLS or ACLS course. The AHA and MTN are the only programs acceptable by VA for obtaining required certification.

d. **Clinically Active Staff.** Clinically active staff is any health care provider who is actively participating in direct patient care in any clinical setting, including community or home care settings.

e. **HeartCode®.** HeartCode® is an AHA, self-directed, comprehensive e-Learning program that uses e-Simulation technology to allow trainees to assess and treat patients in virtual health care settings.

f. **Resuscitation Quality Improvement Program®.** The Resuscitation Quality Improvement Program is the innovative resuscitation training solution from AHA that delivers quarterly training to support mastery of high-quality CPR skills. RQI® gives healthcare providers the confidence and competency to respond with life-saving patient care. The RQI® enterprise wide resuscitation training program integrates learning management system functionality with the eSimulation patient cases, learning modules and mobile simulation training stations to provide a complete training system.

g. **HeartSaver® Training.** The HeartSaver® training is an AHA's video-based, instructor-led course that teaches trainees critical skills needed to respond to and manage an emergency until emergency medical services arrives. This course teaches skills with the AHA's research-proven practice-while-watching technique, which allows instructors to observe the trainees, provide feedback, and guide their learning of skills.

h. **Non-Clinically Active Staff.** Non-clinically active staff members are individuals that work outside the immediate area of patients.

i. **Trainees.** A general term to describe undergraduate, graduate, or post graduate students, interns, residents, fellows, and VA advanced fellows including pre- and post-doctoral fellows whose time at a VA medical facility is spent in clinical or research training experiences to satisfy recognized health professions training program requirements including eligibility for a clinical degree. Trainees only provide clinical care under supervision, and are not considered staff for the purposes of this directive.

## 3. POLICY

It is VHA policy that every VA medical facility (including medical centers, Community Based Outpatient Clinics (CBOCs), domiciliaries, and administrative units) must, at all times and in all locations, have a plan and the resources in place to rapidly initiate the appropriate emergency response for any patient, visitor, or employee who suffers a cardiac arrest at the facility.

## 4. RESPONSIBILITIES

a. **Under Secretary for Health**. The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Deputy Under Secretary for Health for Organizational Excellence.** The Deputy Under Secretary for Health for Organizational Excellence is responsible for ensuring recertification of the Resuscitation Education Support Initiative (REdI) (see 4.e.1.) program over which they have primary responsibility. The National Medical Director of the VHA National Training Center will act as liaison to AHA and MTN.

c. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISN).

d. **Director, VHA Office of Specialty Care Services.** The Director of the VHA Office of Specialty Care Services is responsible for providing the national guidance for clinical programs and policy related to the monitoring and improvement of processes related to cardiopulmonary resuscitation.

e. **Director, VHA National Training Center.** The VHA National Training Center Director is responsible for:

(1) Maintaining REdI as a national program to standardize, document, track, and monitor throughout VHA the provisions of ACLS and BLS using the AHA training products and other resuscitation-focused training programs developed internally by the VHA. REdI is the official national AHA Training Center (TC) for BLS and ACLS for the VHA.

(2) Identifying and recruiting subject matter experts (SMEs) for the development and fielding of resuscitation curricula, evaluation of resuscitation training materials, and equipment for procurement, and the development of assessment tools beyond the minimum requirements for BLS and ACLS.

f. **Director, Veterans Integrated Service Network.** The VISN Director is responsible for ensuring that every VA medical facility, (including medical centers, CBOCs, domiciliary, and administrative units) have a plan and the resources in place to rapidly initiate the appropriate emergency response, regardless of location or time of day, that is inclusive of patients, visitors, and employees who may suffer a cardiac arrest while in and around the VA medical facility.

g. **Veterans Integrated Service Network Chief Medical Officer.** The VISN Chief Medical Officer is responsible for:

(1) When designated by the VISN Director, ensuring that every VA medical facility, (including medical centers, CBOCs, domiciliary, and administrative units) have a plan and the resources in place to rapidly initiate the appropriate emergency response, regardless of location or time of day, that is inclusive of patients, visitors, and employees who may suffer a cardiac arrest while in and around the VA medical facility; and

(2) Reviewing any concerns or quality issues as reported by the VISN Quality Management Officer.

h. **Veterans Integrated Service Network Quality Management Officer.** The VISN Quality Management Officer is responsible for:

(1) Providing aid to each VA medical facility, Cardiovascular Resuscitative Committee (CRC), or equivalent committee related to cardiopulmonary events.

(2) Reporting any concerns or quality issues through appropriate channels to the VISN Director and VISN Chief Medical Officer.

i. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Implementing this national directive locally.

(2) Ensuring easy access to public Automated Electronic Defibrillators (AEDs); this includes placement in high-use areas, such as: lobbies, cafeterias, research buildings, out-buildings, free-standing dialysis units, areas with therapeutic swimming pools, and all satellite buildings. ***NOTE:*** *It is strongly recommended that all VA police cars have an AED for use in parking lots and other distant sites.*

(3) Developing a scripted communication process for internal code alert system response notifications, including switchboard operators and external emergency response providers.

(4) Ensuring that sufficient BLS and ACLS equipment is always available for training departments to conduct required training.

(5) Ensuring that VA Talent Management System (TMS) or any future replacement VA training documentation system is used as the tracking and reporting system for all individuals who require VA validation of certification.

(6) Ensuring that new employees who will be assigned as clinically active staff have the required BLS or ACLS certification prior to assuming clinical duties.

(7) Ensuring the VA medical facility maintains affiliation with the REdI program.

(8) Ensuring that the training for the BLS and ACLS includes both didactic and "hands-on" components.

(9) Ensuring that only AHA or MTN certification cards for BLS and ACLS are accepted for staff renewing their certification. In-house certification is required for existing full-time permanent staff renewing their certification, however certification obtained through an affiliate or other institution can be allowed if deemed of sufficient quality by the Director or Chief of Staff.

(10) Transitioning the facility training profile from the reliance of instructor lead classes to the AHA HeartCode® and Voice Assisted Manikin (VAM) program and offering the AHA maintenance of competency Resuscitation Quality Improvement (RQI®) program.

(11) Ensuring appropriate action is taken against any employee who fails to comply with this directive. Any disciplinary action should be in accordance with procedures outlined in VA Handbook 5021 series, Employee/Management Relations, and any applicable negotiated labor–management agreements.

(12) Establishing ongoing relationships with local and regional Emergency Medical Service (EMS) providers. As EMS may, in certain circumstances, be involved in either resuscitation, transport, or both. This relationship needs to include agreements covering emergency responses on VA medical facilities, as well as transportation within, into, and out of the VA medical facilities.

(13) Ensure a protocol is in place to ensure that CPR is not attempted in patients who sustain a cardiopulmonary arrest and have a DNAR/DNR documented in CPRS or valid state-authorized portable order (SAPO) for DNAR/DNR (see VHA Handbook 1004.03 and VHA Handbook 1004.04).

j. **Facility Chief of Staff.** The Facility COS is responsible for:

(1) Determining who receives what level of training and where.

(2) Providing training for all clinical staff during their assigned working hours. All clinically active staff will have sufficient uninterrupted time away from patient care duties to complete the BLS or ACLS training.

(3) Communicate to staff on how to appropriately respond to a cardiac arrest occurring anywhere at the VA medical facility.

(4) Granting written waivers of up to 60 days for individuals under their supervision whose certifications have expired, if it is in the best interest of Veteran care and access to care.

(5) A permanent waiver for permanent disability can be given at the discretion of the facility Director with Chief of Staff and Chief Nurse concurrence. However, these staff members are required to complete the didactic component of the respective courses as it relates to clinical assignments.

k. **Facility Based Resuscitation Education Support Initiative Program Director.** The facility based REdI Program Director is the liaison between the facility and the national REdI training center and is responsible for:

(1) Ensuring compliance with national program REdI requirements. Monitoring and maintaining an adequate pool of certified instructors to support the VA medical facility training requirements.

(2) Ensuring required program documentation is provided to REdI and maintaining archived documents according to REdI and VA records management requirements.

(3) Ensuring a mock code program is implemented across all areas of the VA medical facility for large facilities, or centrally for small facilities, and that outcomes from mock codes are used for code response improvement activities.

(4) Ensuring that the HeartSaver® training course is taught with the AHA's research-proven practice-while-watching technique, allowing instructors to observe the trainees, provide feedback, and guide their learning of skills.

l. **Facility Cardiopulmonary Resuscitative Committee (CRC) or Facility CPR Committee Director.** The Director of the CRC or CPR Committee is responsible for ensuring the review of each resuscitative episode of care under the facility's responsibility in accordance with The Joint Commission standards. These would include errors or deficiencies in technique or procedures, lack of availability or malfunction of equipment, clinical issues or patient care issues, such as failure to rescue, which may have contributed to the occurrence of a cardiopulmonary event.

m. **Facility Quality Manager.** The facility Quality Manager serves as a member of the CRC or equivalent committee, and at the direction of the CRC Chair is responsible for:

(1) Addressing any delays in initiating CPR in house and problems in obtaining the assistance of EMS or use of the 911 call system when the event occurs on a campus. Following up on any quality improvement measures identified through the analysis of: (a) real code events, (b) rapid response calls, (c) near misses, and (d) mock codes, or other analyses. Assisting the committee in the collection, aggregation and analysis of data from code blue, rapid response, and other critical events.

(2) Storing information for presentation to The Joint Commission, the VA medical facility Chief of Staff, and the VISN Quality Management Officer.

n. **Health Profession Trainees.** Health profession trainees (e.g., medical students, nursing students, clinical pharmacy students, residents) are responsible for maintaining the BLS or ACLS certification required by their national accrediting body or local program certification standards. These records are maintained by the sponsoring educational institution.

## 5. PERFORMANCE MEASUREMENT

Performance measurement regarding "resuscitation and its outcomes" is a requirement (PI1.10) of The Joint Commission. Data must be aggregated, analyzed, compared internally over time and externally with published studies, when available (benchmarking), and used to identify and implement desired changes. The Inpatient Evaluation Center (IPEC), http://ipec.vssc.med.va.gov/Pages/default.aspx, maintains an optional site to enter the data from rapid response and resuscitation efforts.

## 6. TRAINING REQUIREMENTS

a. **Advanced Cardiac Life Support Certification.** ACLS certification is required for:

(1) Health care personnel that order, administer, monitor, or supervise moderate sedation, monitored anesthesia care, or general anesthesia,

(2) For dental suites, ACLS is required for dental providers administering or monitoring moderate sedation or general anesthesia.

(3) Privileged Licensed Independent Practitioner (LIPs) and registered nurses who work in the following high risk or critical areas:

(a) Intensive Care Units (medical and surgical);

(b) Coronary Care Units, Step-down Units;

(c) Telemetry monitoring stations (unless they are remotely located in non-clinical areas);

(d) Post-operative recovery areas, same day surgery suites recovery areas or operative suites where registered nurses monitor patients who have received sedation or anesthesia

(e) Procedure rooms or suites, such as Cardiac Catheterization Laboratories, Electrophysiology Laboratories, Interventional Radiology Laboratories, and Gastroenterology Endoscopy Laboratories.

(f) Any health care provider, including the Medical Officers of the Day, who would be required to serve as a "Code Leader."

b. **Basic Life Support Certification.** BLS certification is required for:

(1) All clinically-active staff employed within VA not identified for the ACLS training. It is not necessary to be certified in both ACLS and BLS. Exceptions include staff working in areas with potential exposure to child and infant resuscitation events, and mandatory for Emergency Departments and Urgent Care Centers (UCCs) unless Board Certified in Emergency Medicine, or as otherwise determined by the facility CPR committee. ***NOTE:*** *Emergency Departments; Board Certified Emergency Medical Physicians are strongly encouraged, but not required, to have current BLS and ACLS certification.*

(2) Clinically-active staff normally includes all individuals that provide direct clinical care to patients.

(3) At a minimum, the clinically-active staff must include LIP, advanced practice registered nurses, physician assistants, licensed nurses, pharmacists, unlicensed assistive personnel (UAPs), health aid and technicians, medical instrument technicians, radiology and nuclear medicine technicians, respiratory therapists, clinical therapists (mental health, psychology, social work), dental assistants, dental hygienists, and any health care professional who provides coverage for inpatient, outpatient or residential VA-treatment programs or VA home care programs.

(4) Trainees supported by Office of Academic Affiliations should follow the academic center BLS and ACLS policy requirements.

(5) All members of a team that respond to codes in the hospital, facility building, or outlying areas (e.g., parking lots, garages, administrative buildings, day hospitals, etc.) must be ACLS or BLS certified.

(6) Local facility leadership has the option to require BLS certification for individuals who serve in a volunteer role, a without compensation employee, or a contractor.

c. **Layperson Training.**

(1) Laypersons with the VA medical facilities are often called upon to initiate a code response or participate in the initial intervention. Additionally, VHA is part of the larger

community and has the opportunity to support community based resuscitation awareness and help increase overall survival rates from cardiac arrests.

(2) Layperson training ranging from awareness to HeartSaver® training is to be available to all non-clinical staff members. Individual staff members will have the opportunity to participate and obtain a course completion card according to the level of training completed.

## 7. RECORDS MANAGEMENT

All records regardless of format (paper, electronic, electronic systems) created by this directive must be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. If you have any question to the regarding any aspect of records management you should contact your facility Records Manager or your Records Liaison.

## 8. REFERENCES

a. 38 U.S.C. 7301(b).

b. VA Handbook 5021 series, Employee/Management Relations.

c. The Inpatient Evaluation Center (IPEC); http://ipec.vssc.med.va.gov/Pages/default.aspx.

d. The Joint Commission, https://www.jointcommission.org/.

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f. Strategies to Improve Cardiac Arrest Survival: A Time to Act. Consensus Report. Robert Graham, Margaret A. McCoy, and Andrea M. Schultz, Editors https://www.nap.edu/read/21723/chapter/1

g. Robert W. Neumar, Brian Eigel, Clifton W. Callaway, N.A. Mark Estes, James G. Jollis, Monica E. Kleinman, Laurie Morrison, Mary Ann Peberdy, Alejandro Rabinstein, Thomas D. Rea, Sue Sendelbach, American Heart Association. The American Heart Association Response to the 2015 Institute of Medicine Report on Strategies to Improve Cardiac Arrest Survival Circulation, 2015 Sep 15;132(11):1049-1070 10.1161/CIR.0- 0233. https://www.ncbi.nlm.nih.gov/books/NBK321497/

## DOCUMENTATION AND TRACKING OF TRAINING AND CERTIFICATION

1. The Department of Veterans Affairs (VA) Talent Management System (TMS), or any future VA replacement training documentation system, is used to track compliance with the Advanced Cardiac Life Support (ACLS) and Basic Life Support (BLS) training requirement for all VA paid staff employees for whom VA is responsible for maintaining and reporting on training completions. The TMS includes the ability to:

a. Report on status (active, expired) certifications ACLS and BLS.

b. Generate reports of upcoming and current expirations of certifications within specified time frames.

c. Forward e-mail reminders out of system for expiring certifications.

d. Waive certification with appropriate upload of documentation.

2. Resuscitation Education Support Initiative (REdI) provides critical train-the-trainer clinical training support to the field's efforts to provide training and fund resuscitation equipment for such training and is the approved AHA TC for the VHA. REdI maintains an American Heart Association Training Center and provides:

a. Day-to-day management of the VHA training network.

b. Support for the purchase of resuscitation education training equipment and certification cards for all VA medical facilities affiliated as a Training Site under the REdI AHA Training Center.